FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - *4372*	2. Fiscal Year Covered From: *1 / 1 /05* Through: *12/31 /05*

3. Name and address of person filing

Name
DONALD A. HOWERTER

P.O. Box, Bldg., Room No., if any
1809 W. MEADOWVIEW LN
Street
DUNLAP
City
ILLINOIS   *61525*
State   ZIP Code + 4

4. Name, file number, and address of labor organization.
STEAMFITTERS LOCAL 353
Name

Labor Organization File Number *LM - 045-512*

P.O. Box, Building and Room Number, if any

Street *6304 W. DEVELOPMENT DR.*
City *PEORIA,*
ILLINOIS   *61604-5293*
State   ZIP Code + 4

5. Position in labor organization. *MEMBER OF EXAMINING BOARD*

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of
monetary value from **an employer whose employees your organization represents** or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name *N/A*

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State   ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

N/A

7.b. Amount.

N/A

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions)

Signed *Donald A. Howerter*   On *2/20/06*   *309/243-2986*
Date   Telephone Number

Name of Person Filing	DONALD A. HOWERTER	File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name STEAMFITTERS LOCAL 353 TRADE SCHOOL Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 6304 W. DEVELOPMENT DR. City PEORIA State ILLINIOS ZIP Code + 4 61604-5293	a. Labor Organization (b. Trust) c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name STEAMFITTERS EDUCATIONAL TRUST FUND JATC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 6304 W. DEVELOPMENT DR.	TRAINING EXPENSES

10 (continued)	
City PEORIA State ILLINOIS ZIP Code + 4 41664-5293	11.b. Approximate dollar value of such dealing. $1,949.72
	12.a. Nature of interest held or income received. INSTRUCTOR WAGES
	12.b. Amount. $7,100.58

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 N/A	N/A
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Form LM-30 (2003)